Retropharyngeal lipoma

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LIPOMAS may develop in any part of the body where adipose tissue is located. Their occurrence in and around the pharynx is observed very infrequently. Benign tumours, large enough to be of clinial significance, are not often encountered in the pharynx. Lipoma is one of the rarest of this group. The normal larynges of obese cadavers have been sectioned for the presence of fat cells and copious evidence of the existence of fat cells in connection with mucous glands and in the interglandular connective tissue and about the cartilage has been found. While the pharynx has not been examined in this way, it seems very reasonable to suppose that they would occur here normally, much as in the larynx. The occurrence of submucous fatty tissue has long been recognized as, for instance, a submucous lipoma of the stomach and intestines.

Case report

The patient, a female, aged 51, was first seen on 5 July 1973, complaining of the following:

1. A swelling in the neck for three years which became progressively larger as time went by.
2. Very noisy respirations and difficulty in breathing especially while asleep, for two years. Both these symptoms got progressively worse until the time was reached when she could only sleep by sitting straight up with several pillows behind her.
3. Dysphagia for two years which became progressively worse, especially for solids.
4. Difficulty in swallowing saliva for three months.
5. Depression and tiredness for two months.

On examination

There was a diffuse swelling visible which seemed to involve both sides of the neck equally. It was rather soft in consistency and appeared quite extensive. Its limits could not be defined by palpation. When the throat and pharynx were examined there was a swelling of the posterior pharyngeal wall.

The following investigations were done:

1. Chest X-ray.
2. E.C.G.
3. Full blood count.
4. Protein bound iodine. All were within normal limits.
5. Soft tissue lateral X-ray of the neck. (Fig. 1.)

It was decided to admit the patient for biopsy of the lesion. This was done per-orally using a Boyle-Davis gag. A large, soft diffuse, mobile mass was felt posterior to the pharynx, the upper limit of which was level with the dorsum

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of the tongue. A biopsy was taken through the posterior pharyngeal wall by incising mucosa and muscle over it. The tissue appeared to be fatty tissue. The biopsy report was as follows:

'Simple lipoma—no anaplastic tissue present.'

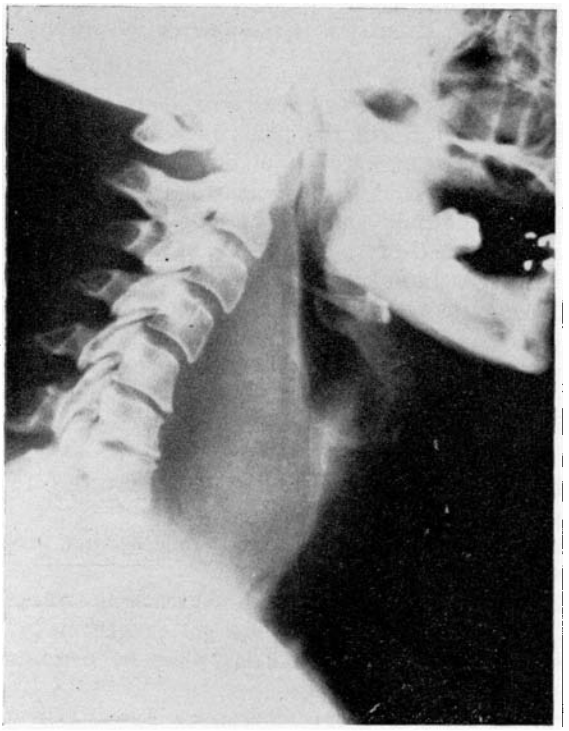


FIG. 1.
There is an appreciable soft tissue enlargement posterior to the pharynx and oesophagus, which is pushing the larynx and trachea forwards in front of it.

The patient was operated on on 23 July 1973, using an incision along the anterior border of the left sternomastoid, from the mastoid process to the left sterno-clavicular joint. The mass was found to extend from the level of the hyoid bone to the suprasternal notch, lying behind the pharynx and oesophagus. A plane of cleavage was found outside the pharynx by blunt dissection. The tumour was well encapsulated and came away quite easily. The lipoma when completely removed weighed 335 gms. It was 15 cm. × 10 cm. × 3 cm. It was flattened and oval in shape, covered by a thin capsule. At its narrow end there was a small vascular pedicle.

The biopsy report on the swelling was as follows:

'The bulk of the tumour is composed of fatty tissue in which there is a considerable admixture of immature collagen being laid down by active fibroblasts. There is no suggestion of sarcomatous change. The capsule was composed of mature collagenized tissue. It is a simple fibro-lipoma with no evidence of malignant change.'

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The patient made an excellent recovery. She has since been reviewed in out-patients and is symptom free.

Discussion

Lipomas in and around the pharynx are grouped as pharyngeal lipomas. These include nasopharyngeal; retropharyngeal; hypopharyngeal and extralaryngeal lipomas.

Putney and Fry (1940) reported fifteen cases of retropharyngeal lipoma and state that retropharyngeal lipomas occur outside the pharynx and should be grouped separately. Symptoms are produced by interference with deglutition and respiration. They state that these tumours are rarely noticed until they become large. Dyspnoea, especially in the prone position due to bulging forwards of the tumour over the aperture of the larynx, is common.

Noisy breathing while asleep is also common. Speech changes such as thickness or indistinctness may be early symptoms. Progressive dysphagia occurs as the tumour increases in size. Weight loss due to the lack of sufficient nutrition and sleep can occur.

On examination a smooth swelling can be seen behind the posterior pharyngeal wall. The interval between the palate and the posterior pharyngeal wall is greatly diminished. The swelling may be in the midline but is more often located to one side. On palpation the mass is moderately firm and compressible. When the tumour is large the swelling in the neck is noticeable, usually unilateral and rarely bilateral. It is usually of indefinite outline and of soft consistency.

McFarland (1948) described a case of lipoma in the retropharyngeal space. It occurred in a 3-month-old baby who presented with difficulty in feeding, breathing and loss of weight over six weeks. A tumour measuring $1\frac{1}{2} \times 1 \times 1$ in. was removed per-orally with excellent results.

Paulsen (1972) described three cases of retropharyngeal tumour. The first was a lipofibroma in a 37-year-old female which had been enlarging gradually over ten years. The second was an osteochondroma found in association with ventral exostosis of the first and second cervical vertebrae. The third was also a fibrocartilagenous tumour. He stresses that tumours in this position are often diagnosed late because of their position. It is only when they have enlarged to a degree to become obvious in either the neck or pharynx that they are discovered.

Bauer and Keintzel (1969) wrote a paper on the differential diagnosis of retropharyngeal and parapharyngeal tumours. They enumerate the various structures and tissues that occur in these anatomical areas and describe the various tumours found.

Included in the differential diagnosis of retropharyngeal tumours are acute and chronic retropharyngeal abscess, fibroma, lipoma, chondroma, osteoma, fibroangioma, lymphangioma, chordoma, and cysts.

Figi and Hunt (1927) stress that unrecognized aneurysms bulging the posterior and lateral pharyngeal walls have been incised for biopsy and may simulate lipomas.

Treatment is by surgical extirpation by an approach through the neck. They are usually very easy to remove as they are usually well encapsulated and shell out easily.

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Summary

Lipomas in the retropharyngeal space are very rare. A case of fibrolipoma recently seen and treated in Londonderry is presented. A brief review of the literature on the subject is given. Among other things it is stressed that owing to their position these tumours are often far advanced before being diagnozed.

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